



DEPARTMENT OF HEALTH & HUMAN SERVICES

Centers for Medicare & Medicaid Services

Region 10
2201 Sixth Avenue, MS/RX-47
Seattle, Washington 98121

NOV 17 2005

Ms. Robin Arnold-Williams
Secretary
Department Social & Health Services
P.O. Box 45010
Olympia, WA 98504-5010

RE: TN#05-012

Dear Ms. Arnold-Williams:

The Region 10 office of the Centers for Medicare & Medicaid Services has completed its review of State Plan Transmittal Number 05-012. This transmittal incorporates the low-income subsidy eligibility determination requirements into Washington's State Plan in compliance with the Medicare Modernization Act. The changes are reflected in Attachment 2.2-A, page 27.

This state plan amendment is approved effective July 1, 2005.

If you have any additional question or require any further assistance, please contact Maria Garza at (206) 615-2542.

Sincerely,

A handwritten signature in black ink, appearing to read "Karen S. O'Connor", is written over a horizontal line.

Karen S. O'Connor
Associate Regional Administrator
Division of Medicaid and Children's Health

Cc: Doug Porter, HRSA Assistant Secretary
Ann Myers, State Plan Coordinator, HRSA
Steven Wish, DCS/HRSA

**TRANSMITTAL AND NOTICE OF APPROVAL OF
STATE PLAN MATERIAL**

1. TRANSMITTAL NUMBER:
05-012

2. STATE
Washington

FOR: HEALTH CARE FINANCING ADMINISTRATION

3. PROGRAM IDENTIFICATION: TITLE XIX OF THE
SOCIAL SECURITY ACT (MEDICAID)

TO: REGIONAL ADMINISTRATOR
HEALTH CARE FINANCING ADMINISTRATION
DEPARTMENT OF HEALTH AND HUMAN SERVICES

4. PROPOSED EFFECTIVE DATE
July 1, 2005

5. TYPE OF PLAN MATERIAL (Check One):

☐ NEW STATE PLAN

☐ AMENDMENT TO BE CONSIDERED AS NEW PLAN

☒ AMENDMENT

COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate Transmittal for each amendment)

6. FEDERAL STATUTE/REGULATION CITATION:

7. FEDERAL BUDGET IMPACT:

a. FFY 2005 unknown at this time; no data available

b. FFY 2006 unknown at this time; no data available

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:

Attachment 2.2-A pg 27

9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION
OR ATTACHMENT (If Applicable):

10. SUBJECT OF AMENDMENT:

Low Income Subsidy for Medicare Part D

11. GOVERNOR'S REVIEW (Check One):

☐ GOVERNOR'S OFFICE REPORTED NO COMMENT

☐ COMMENTS OF GOVERNOR'S OFFICE ENCLOSED

☐ NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL

☒ OTHER, AS SPECIFIED: Exempt

12. SIGNATURE OF STATE AGENCY OFFICIAL:

Robin Arnold Williams

13. TYPED NAME:

ROBIN ARNOLD-WILLIAMS

14. TITLE:

Secretary

15. DATE SUBMITTED:

Sept. 29, 2005

16. RETURN TO:

Ann Myers

Department of Social and Health Services

Medical Assistance Administration

925 Plum St SE MS: 45533

Olympia, WA 98504-5533

FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED:

SEP 28 2005

18. DATE APPROVED:

NOV 17 2005

PLAN APPROVED - ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL:

JUL 1 2005

20. SIGNATURE OF REGIONAL OFFICIAL:

Ann Myers

21. TYPED NAME:

Karen S. O'Connor

22. TITLE:

AAA

23. REMARKS:

P+I Change to date submitted to 9/28/05

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State WASHINGTON

REQUIREMENTS RELATING TO DETERMINING ELIGIBILITY FOR MEDICARE
PRESCRIPTION DRUG LOW-INCOME SUBSIDIES

Agency	Citation (s)	Groups Covered
1935(a) and 1902(a)(66) 42 CFR 423.774 and 423.904	The agency provides for making Medicare prescription drug Low Income Subsidy determinations under Section 1935(a) of the Social Security Act. <ol style="list-style-type: none">1. The agency makes determinations of eligibility for premium and cost-sharing subsidies under and in accordance with section 1860D-14 of the Social Security Act;2. The agency provides for informing the Secretary of such determinations in cases in which such eligibility is established or redetermined;3. The agency provides for screening of individuals for Medicare cost-sharing described in Section 1905(p)(3) of the Act and offering enrollment to eligible individuals under the State plan or under a waiver of the State plan.	

NOV 17 2005